

Arizona Department of Health Services

Mass Fatality Management Plan



June 2015 (v2)

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I. Purpose

Arizona Department of Health Services' (ADHS) mass fatality management plan (MFMP) defines NIMS compliant roles and responsibilities for ADHS, local and tribal public health and healthcare facilities in managing a Mass Fatality Incident (MFI). The MFMP is an annex to ADHS- Emergency Operation Plan (EOP).

The State response strategy is outlined in the State Emergency Response and Recovery Plan (SERRP) and in the appropriate Incident Annexes (Catastrophic Incident Annex, Chemical Incident Annex, Radiological Incident Annex etc.) which will be activated during a MFI operation.

The ADHS MFMP also includes a Mass Fatality Management Planning Toolkit (*MFMPPT*) that was specifically developed to provide a framework for local public health agencies (counties, tribes, and healthcare facilities) in the development of a comprehensive mass fatality response and recovery plan for the management of a MFI during large-scale disasters, smaller, more localized incidents as well as long-term events.

This plan, along with the toolkit, makes a statewide, integrated plan to address fatality management and response in Arizona that arises from a MFI.

The purpose of the MFMP is to develop strategies that enhance the ability of ADHS, local public health agencies and other healthcare partners to work with lead jurisdictional authorities (e.g., medical examiner, emergency management, and law enforcement) during a MFI. This plan will identify ADHS roles and responsibilities, and actions to be taken during the state response to support impacted jurisdictions, and to develop a coordinated approach for the management of resources while responding to MFI.

II. Scope

The scope of this plan is to outline primary and secondary roles and responsibilities of ADHS as defined in SERRP, Catastrophic Incident Annex.

In the SERRP, Local Chief Medical Examiner (ME) and the Arizona Department of Emergency and Military Affairs (DEMA) are designated primary response agencies during a MFI while ADHS is defined as support agency. However, ADHS is designated as the lead agency for providing health and medical services.

As a support agency, ADHS scope is limited to provide assistance to impacted jurisdictions, respective local health departments (LHDs) and primary lead agencies when required. However, as the lead authority for health and medical services, ADHS has significant responsibility to identify strategies to prevent risk to the health of the people living in impacted areas.

ADHS will:

- Determine and recommend appropriate measures to prevent human disease.
- Consult with Center for Disease Control and Prevention (CDC) if appropriate.

- Assist in determining appropriate personal protective equipment (PPE) for response personnel.
- Supports operations by providing information about health issues such as immunizations, food safety and water purification, and hygiene.
- Determine mortuary affairs policy recommendations as they pertain to public health and coordinate with the affected county and tribal public health department(s).
- Ensure that funeral establishments, county vital records and county ME offices are using the Electronic Death Registration (EDR) system for reporting human remains.
- Assist the County Vital Records to ensure timely recording of death statistics, vital records forms and availability of death certificates to the family.
- Segregate disaster records from the normal office records when needed.
- Account for all received information/records, whether they are in the direct possession of the records management section or checked out to an authorized individual.

III. Situation Overview

A. Public Health Incident Management System (PHIMS)

As an agency that receives federal funding, the ADHS must incorporate elements of the National Incident Management System (NIMS) into its emergency response plans. The Department's incident command structure, the Public Health Incident Management System (PHIMS), is NIMS compliant. PHIMS provides for the integration of various program activities into a cohesive response for an emergency and is modular as it can expand or contract to fit the nature of the emergency. ADHS will utilize the Health Emergency Operations Center (HEOC), utilizing components of PHIMS, in accordance to the ADHS HEOC Standard Operating Procedure (SOP).

B. Background

Several disastrous incidents in recent history have demonstrated the need to acknowledge and strengthen jurisdictional fatality management planning and response. In past two decades, several deadly disasters with large number of fatalities occurred across the World, United States and Arizona; few examples are as follows:

WORLDWIDE

- The Earthquake in Haiti in 2010 resulting in 316,000 deaths.
- The Indian Ocean Tsunami in 2004, resulting in over 250,000 deaths.

UNITED STATES

- Hurricane Katrina in 2005 producing over 1,500 fatalities.
- The September 11, 2001 tragic events in New York City resulting in 3,000 fatalities.
- The bombing of the Federal Building in Oklahoma City in 1995 causing 168 fatalities.

ARIZONA

- Yarnell Hill Fire in 2013 resulting in 19 City of Prescott firefighters deaths.

All these catastrophic events have drawn political and public health attention to the necessity of preparing for events that produce overwhelming number of fatalities.

Arizona and its counties are exposed to many threats, all of which have the potential for disrupting the community infrastructure, causing casualties, damaging or destroying public and private properties and resulting in massive number of fatalities. Pre-event planning, a thorough knowledge of the organizational requirements, roles and responsibilities and a systematic response action to a catastrophic mass fatality event will prove effective and beneficial during a mass fatality incident (MFI).

C. Overview

- Mass Fatality Incident (MFI) involves more dead bodies or body parts than can be located, identified, and processed for final disposition by available response resources.
- Mass human fatalities may occur anywhere in Arizona as the result of natural, accidental and manmade catastrophic events, disasters, or public health emergencies.
- Primary responsibility for the investigation, recovery, management of human remains, management of death certification, and notification of next-of-kin or a family member resides within the authority of the county ME office.
- There are five ME Offices in Arizona located in Maricopa, Mohave, Pima, Yavapai and Coconino counties. Pima County-Medical Examiner Office contracts with 10 smaller counties. Mohave county has contractual ME services which provide full scale services (Investigations, autopsy, etc.). Mohave County also has a contract with Coconino for emergency ME services if needed. Standards, protocols and access to highly specialized technical services or laboratories vary from county to county.
- A MFI will present unique challenges on *personnel, equipment, and cold storage capacity* to handle significant numbers of deceased victims, and related supplies.
- In Arizona, licensed attending physician and nurse practitioner are authorized to certify a natural death. The ME can sign death certificate in the absence of attending physician or nurse practitioner (*Arizona Revised Statute* (A.R.S.) § 36-325).
- If a person dies on an Indian reservation and a county ME is not available, the tribal law enforcement authority, acting in an official investigative capacity, may complete and sign the medical certification of death (A.R.S.) § 36-325).
- All unnatural and suspicious deaths, death of a child and prisoner fall under the jurisdiction of respective county's ME office (*Arizona Revised Statute* (A.R.S.) § 36-325).
- Arizona maintains EDR system for reporting death or human remains: funeral establishments, county vital records and county ME offices use EDR system for reporting death or human remains.

- Assistance from Federal, public, and private agencies will be required to support in the search and recovery, transportation, tracking, removal, processing, identification, PPE selection, and final disposition of victims and remains.
- The Arizona Department of Emergency and Military Affairs (DEMA) will serve as the mechanism to request, provide, and coordinate state resources.
- The ADHS will support county/tribal agencies through coordinating the resource requests with DEMA. ([Appendix B](#))
- Arizona Mutual Aid Compact (AZMAC) is in place to coordinate with-in-state resources via DEMA. (Link to AZ MAC Info/Resources: http://www.dem.azdema.gov/logistics/docs/mutualaid/Final_AZ_Mutual_Aid_Compact.pdf)
- Under a declared emergency, and when local resources have been exhausted or unavailable, the SEOC Health/Medical Branch Director coordinates with emergency management via the EMAC A-team Lead to define the emergency service functions & details for which assistance is needed. A reasonable estimate of length of time they will needed and logistical considerations for staging, reimbursement and liability issues are clarified & the request procedures/protocols are implemented via request systems.
- Emergency Mutual Aid Compact (EMAC) will be used to coordinate out-of-state resources via DEMA. Link to AZ Mutual Aid Info/Resources. <http://www.dem.azdema.gov/logistics/supply/mutaid.html>
Please also review ARS 26-402:
<http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/26/00402.htm&Title=26&DocType=ARS>
- Federal resource requests will be coordinated by DEMA as guided under National Response Framework (NRF).

D. Planning Assumptions

- Each county in Arizona has developed a county mass fatality management and response plan and has developed applicable standard operating procedures.
- All jurisdictional partners are working in collaboration, and using NIMS guidelines.
- State support is being provided in a timely manner to save lives, prevent human suffering, and mitigate severe damage.
- A MFI may quickly overwhelm the resources of counties in Arizona and it may be several days before a coordinated response can begin. Funeral homes and mortuaries may not have the capacity to process the deceased and human remains in an expected manner and will likely seek assistance at the regional and/or state level.
- A MFI may present a situation that requires extensive identification issues (i.e. explosion, fire, building collapse or transportation incident, etc.) or a situation where the fatalities continue to escalate over a period of time (i.e. pandemic, biological, chemical, etc.). In such instance, it may take a considerable length of time to recover, identify and determine the cause and manner of death after a mass human fatality event.

- Individuals handling human body parts and cadavers will be at risk of blood borne or body fluid exposure. PPE will be required for all personnel handling human remains to enhance the Universal Precaution to protect against potential diseases and infections.
- The Governor may declare a State of Emergency to relax legal and regulatory aspects of mass fatality management during a MFI.
- There will be public concerns on health and safety risks in the aftermath of a MFI. Risk communication messaging needs to be carefully crafted, informing and advising the public on how to protect them. It is essential that accurate scientific-based information be available to the public in a timely manner.
- A MFI will place extraordinary demands (including tremendous religious, cultural, and emotional burdens) on local jurisdictions and the families of victims, creating significant impact on the need for behavioral health and Critical Incident Stress Debriefing assistance.
- Funeral establishments, county vital records and county ME offices are using EDR system for reporting human remains- a system that is required to report all death-natural, accidental or manmade in Arizona.

IV. Concept of Operations

Mass Fatality Incident (MFI) is an incident involving more fatalities and body parts than can be managed by available local resources; and may require assistance from neighboring counties, state and/or federal agencies.

The National Incident Management System (NIMS) structure and practice protocols will be used as recommended in the National Response Framework (NRF).

During a MFI, in accordance with State law, each county/tribal ME is the person responsible for investigation, recovery and body disposition or release within their respective jurisdiction. *ARS 11-593 through 11-600*: <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=11>

The State response strategy will be determined and applied in accordance with standard SERRP procedures, as guided by the appropriate Incident Annex (e.g., Catastrophic Incident Annex, Chemical Incident Annex, Radiological Incident Annex, etc.) and commensurate ESFs (e.g. ESF #6 -Mass Care, ESF #2 – Communications, ESF #8 – Health & Medical, etc.).

ADHS is identified as a support agency in SERRP; ADHS will provide technical assistance and support to the local jurisdictions (county, tribal health, healthcare facilities etc.) as requested and needed during a MFI operation. ADHS will play the role of liaison with federal partners, with Regional Emergency Coordinator (REC), affected counties, tribes and DEMA when AZMAC, EMAC are activated or federal resource request is initiated.

ADHS will utilize the Emergency Operation Center (EOC) activation triggers in EOP to activate the Health Emergency Operation Center (HEOC) in order to maintain contact with affected jurisdiction(s), and

provide situation awareness reports to all counties, tribal health, healthcare facilities and DEMA. ADHS may also provide status updates to the Governor's Office upon request.

In the event of a MFI, mutual aid resources and certain Federal assets will be needed to support local medical examiner activities, as well as to coordinate public and private assistance to grieving families; coordination of such requests between local jurisdiction(s) and DEMA will be done by ADHS through HEOC process. For information on Arizona Mutual Aid Compact (AMAC), please visit- <http://www.dem.azdema.gov/logistics/supply/mutaid.html>

SERRP identifies ADHS as the designated lead state agency to provide and coordinate health and medical services. ADHS Public Health Emergency Preparedness (PHEP), Epidemiology and Disease Control (EDC), the Vital Records (VR), and the Division of Behavioral Health Services (DBHS) will have a support and lead role during a MFI operation.

A MFI that is caused by a communicable or infectious diseases, ADHS (as the designated lead agency for health and medical services) will have additional responsibilities for decision making, data collection, laboratory services, healthcare facility readiness and action steps regarding the safety and protection of people and control of the outbreak. ADHS may also be involved in field operations (visitation to morgue, and Family Assistance Centers) to provide experts and personnel support. Please refer to ADHS-Pandemic Influenza Mass Fatality Response Plan 2007: <http://azdhs.gov/pandemic-flu/documents/plans/pandemic-influenza-mass-fatality-plan.pdf>

V. Organizations and Assignment of Responsibilities

During a MFI, following agencies are designated as primary, lead and the support agencies in the SERRP 2012. The specific role and responsibilities are identified for each primary and support agencies in the SERRP-Catastrophic Incident Annex (Mass Fatality Coordination Appendix 2012).

For the specific purpose of effective management of a MFI operation, this plan in the Section-X Assignment of Responsibilities highlights roles and responsibilities for the ADHS and its respective divisions and programs, DEMA, Local Emergency Management, Local Medical Examiner, and healthcare facilities.

PRIMARY AND LEAD AGENCIES

- Local Chief Medical Examiner(s) (CME).
- Arizona Department of Emergency and Military Affairs (DEMA)

SUPPORT AGENCIES

Federal

- Department of Defense (DoD)
- Federal Emergency Management Agency (FEMA)
- National Disaster Medical System (NDMS)
- Disaster Mortuary Response Team (DMORT)

State

- Arizona Department of Health Services (ADHS)
 - Public Health Emergency Preparedness (PHEP)
 - Epidemiology and Disease Control (EDC)
 - Vital Records (VR).
 - Division of Behavioral Health Services (DBHS)
- State Board of Funeral Directors and Embalmers
- Department of Emergency and Military Affairs (DEMA)
 - National Guard (AZNG)
- Department of Public Safety (DPS)
- Attorney General's Office (AGA)
- State Forestry Division (ASFD)

County

- County Public Health (CPH)
- County Emergency Management (CEM)
- County Sheriff's Office (CSO)

Voluntary

- Arizona Funeral Director's Association (AZFDA)
- National Mental Health Association (NMHA)
- Providers Subcontracted with RBHA and TRBHA
- Regional Behavioral Health Authorities (RBHA)
- Tribal Regional Behavioral Health Authorities (TRBHA)

Arizona Department of Health Services (ADHS)

During a MFI, ADHS will provide support services to the local jurisdictions (county, Tribal Health, healthcare facilities etc.) as requested; and provide and coordinate health and medical services between local, state and federal agencies.

As the support agency, ADHS-Bureau of Public Health Emergency Preparedness (BPHEP) will:

- Activate Health Emergency Operation Center (HEOC) and support the local public health response to a MFI.
- Meet daily or as determined by the HEOC Manager for situational awareness.
- Coordinate resource requests, both in-state or out of state, between counties, tribes and DEMA when AZMAC and EMAC are activated.
<http://www.dem.azdema.gov/logistics/supply/mutaid.html>
- Coordinate federal resource request between counties, tribes and DEMA.
- Request will go through the HEOC from the county and tribal health departments to the State Emergency Operation Center (SEOC).
- Utilize the Health Alert Network (HAN) to communicate with county health officials, hospitals, physicians, laboratory directors, community health centers, childcare centers, schools, health volunteers and other partner agencies.
- ADHS may also assist affected jurisdiction(s) in the identification of site, and the establishment of Family Assistance Center (FAC).
- Public Information Officer (PIO) will create press releases for the media concerning MFI, conduct press conferences, as appropriate, to provide updates on MFI, and assist county PIOs to prepare to work with media.
- ADHS HEOC will support the COOP plan activation if necessary.

ADHS, through HEOC coordination process, may assist county Medical Examiner Office for obtaining:

- Temporary Interment or Interim Storage of Human Remains until final disposition can be accomplished.
- Storage area (with refrigeration) where remains can be processed for family members.
- A storage area for personal effects; local procedures for inventorying personal effects may be incorporated into Federal inventory procedures.
- Supplies and equipment (e.g., pouches and litters) may be needed for large numbers of deceased.
- Requests for additional security may come to HEOC. Security is required for DMORT and OME operations. HEOC will forward security requirements to the SEOC.
- Facilitate the request for additional health and medical personnel in coordination with county, state and federal agencies.

As the support agency, *ADHS-Bureau of Vital Records (VR)* will:

- Ensure that funeral establishments, county vital records and county ME offices are using the Electronic Death Registration (EDR) system for registration and issuance of all deaths that occur in Arizona.

- Assist the County Vital Records to ensure timely registration of death events and required forms that occur in their jurisdiction. Assist the County Vital Records with issuance of death certificates to the family.
- Denote disaster records from the normal office records.
- The ADHS Bureau of Vital Records (VR) is responsible for the registration and security of Court Orders of Presumptive Death. If a decedent is subsequently identified, an amended death certificate may be issued and all related documents are moved to the Identified Remains file.
- Assist impacted county(s) in the operation of deceased victim family reception center(s) during identification and death certification processes.

As the lead authority for providing health and medical services, ADHS- *Bureau of Epidemiology and Disease Control* (EDC) will:

- Provide epidemiological support and coordination between county, the Center for Disease Control and Prevention (CDC) and the Department of Human and Health Services (HHS).
- Identify strategies to prevent risk to the health of the people living in impacted areas.
- Coordinate the initiation of appropriate disease control measures at all levels of public health, including LHDs, Tribal Health departments, schools and healthcare facilities.
- Provide incident-specific guidance on appropriate preventive protections (Personal Protective Equipment-PPE) for responders engaged in mass fatality response operations.
- Determine mortuary affairs policy recommendations as they pertain to public health and coordinate with the affected county and tribal public health department(s).
- Support operations by providing information about health issues such as immunizations, food safety and water purification, and hygiene.

The ADHS-*Division of Behavioral Health Services* (DBHS)¹ will:

- Assist local government(s) in the assessment of behavioral health service needs for the affected population.
- Assist behavioral health and essential services providers, collect and disseminate information.
- Coordinate with the HEOC Mass Fatality Coordinator to identify shelter occupants who may require behavioral health services.
- Assure provision of behavioral health services to affected populations- family members, survivors, first responders and their families and other community caregivers at the Family Assistance Center.

¹ The ADHS-DBHS will be going under the Arizona Healthcare Cost Containment System (AHCCCS) in 2016; then, ADHS will coordinate behavioral health activities with AHCCCS.

- Coordinate and provide critical incident stress management (CISM) and crisis intervention strategies to sustain first responders engaged in fatality management operations.
- Provide situation awareness report to HEOC manager as needed.

Arizona Department of Emergency and Military Affairs (DEMA)

(Extracted from SERRP 2012)

- Pre-incident planning and coordination
 - Maintain ongoing contact with primary and support agencies.
 - Conduct periodic meetings and conference calls.
 - Coordinate efforts with corresponding private-sector organizations.
 - Coordinate activities relating to catastrophic incident planning and critical infrastructure preparedness as appropriate.
- During MFI:
 - Activate the State Emergency Operations Center (SEOC) upon notification of mass fatality incident.
 - Provide logistics coordination, as required.
 - Recommend declaration of emergency.
 - Request additional resources from state and/or federal agencies.
 - Coordinate with American Red Cross (ARC) to meet the emergency human service needs of survivors and families of the victims.

Medical Examiner's Office

Pre-incidence planning phase:

- County ME should be involved in preparation for a catastrophic incident like MFI in order to be ready to manage additional deaths and body parts.
- County ME should work with jurisdictional partners to identify multiple sites for temporary storage of human remains for a MFI and develop memoranda of understanding.

During a MFI operation, the County Medical Examiner:

- During a MFI, in accordance with State law, each county/tribal medical examiner (ME) is the person responsible for investigation, recovery and body disposition or release within their respective jurisdiction. *ARS 11-593 through 11-600:*
<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=11>
- Retains control and authority over fatality management, even when the response is supported by regional, state, or federal assets.
- Holds control of DMORT assets assigned to the ME; these assets remain under the Medical Examiner's direction and may be used in any way to supplement the Medical Examiner's operations.

- Oversees the entire *mortuary affair* from recovery of human remains until the *decedent* is accepted by a Funeral Director.
- Inquire and determine the circumstances, cause, manner and mode of certain deaths
- May activate an incident command center (ICC), or may assign liaison at IC of county public health or DEMA.
- Makes appropriate notifications and report to incident scene as soon as possible to provide advice and assistance to IC while survivors are rescued.
- Specific responsibilities include the following:
 - Identify human remains.
 - Provide adequate and decent storage.
 - Conduct autopsies.
 - Determine the cause and manner of death.
 - Secure any evidence pertaining to the death.
 - Inventory and protect *personal effects* found on the deceased.
 - Use Electronic Death Registration System for reporting human remains.
 - Locate and notify the next-of-kin.
 - Issue death certificate.
 - Release remains.

County and Tribal Health Departments

a. Pre-incidence planning phase

The County Public Health should:

- Develop a mass fatality plan in accordance with framework provided by ADHS-MFMPT that coordinates the activities of all jurisdictional partners.
- Must work very closely with respective ME Office in planning and response activities related to a MFI.
- Coordinate with tribal governments to develop mass fatality management plans and develop MOUs as appropriate.
- Exercise the mass fatality plans with tribal and other partners-identify strengths and weaknesses and propose recommendations to fill the gaps.
- Coordinate MFI planning and support with neighboring jurisdictions.
- Work with jurisdictional partners and stakeholders to identify multiple sites for temporary storage of human remains- develop memoranda of understanding.
- Must keep an updated contact list for all partners and stakeholder for timely and accurate information sharing.

b. During a MFI Operation, the County or tribal Public Health will:

- Activate plans to protect the health and safety of the public. Develop MFMP activation triggers.

- Activate Incident Command in collaboration with ME Office.
- Keep ADHS informed with ongoing situation analysis.
- Coordinate Family Assistance/Victim Identification Center that assists family members and relatives coping with uncertainty, stress and adaptation process.
- Coordinate with hospitals to manage fatalities, if necessary.
- Establish and staff a call center, if needed.
- Utilize the existing information sharing system (AZHAN, Communicator etc.) and available redundant communication systems to rapidly disseminate and receive health alerts.
- Work with ME's Office and State PIO for press release, press conferences and media inquiries.

Local Emergency Management

- Activate EOC when requested by County Manager.
- Initiate and coordinate press releases regarding MFI operations.
- Communicate MFI operational activities to local officials.
- Respond to requests from local/state/federal officials to attend community forums.
- Participate in Joint Information Center.
- Coordinate resource and information support for MFI operations.
- Develop daily situational reports for use by responder personnel, and local officials.
- Manage asset requests.

Healthcare Facilities

a. Pre-incidence planning phase

- Develop a MFMP in accordance with framework provided by ADHS-MFMPT that identifies the role of hospitals during a MFI.
- Exercise the MFMP with the state and local partners to identify strengths and weaknesses, and propose recommendations and action steps to fill the gaps.
- Work with jurisdictional healthcare partners and stakeholders (local and tribal health department, ME's Office, Sheriff's Office etc.) to identify temporary storage of human remains during surge- develop memoranda of understanding.

b. During a MFI Operation:

- Activate Incident Command when requested by County or state.
- Utilize the notification systems and redundant communication systems to rapidly disseminate and receive health alerts.
- Must keep an updated contact list for all partners and stakeholder.
- Work with County and State PIO for press releases and media inquiries.

- Work in collaboration with Family Assistance Center that assists family members and relatives coping with uncertainty and stress.

VI. Direction, Control, and Coordination

Coordination and control of mass fatality response operations will be exercised in accordance with SERRP, ADHS EOP and in accordance with the NIMS and National Response Framework (NRF) requirements.

In SERRP 2012, Local Chief Medical Examiner (CME) is the designated lead agency during a MFI.

Department of Emergency and Military Affairs (DEMA) is the designated primary response agencies during a MFI.

Responsibility for immediate response to an incident typically rests with local authorities and first responders, as augmented by inter-jurisdictional mutual aid and, upon request, the respective county and then the State as described in the SERRP 2012.

ADHS is defined as the designated lead agency for providing and coordinating health and medical services during MFI.

All requests made by affected jurisdictions or lead agencies will go through the State Emergency Operation Center (SEOC) and routed through Health and Medical Branch Director and the ADHS-HEOC.

A. Activation of MFMP

After the initial MFI notification, ADHS will/may organize a conference call with the appropriate organizations: LHDs, tribal governments and healthcare representatives from State to discuss the situation and determine the appropriate response actions.

As the need for and scope of mass fatality incident are established, the ADHS Director may recommend activation of the mass fatality management plan fully or partially.

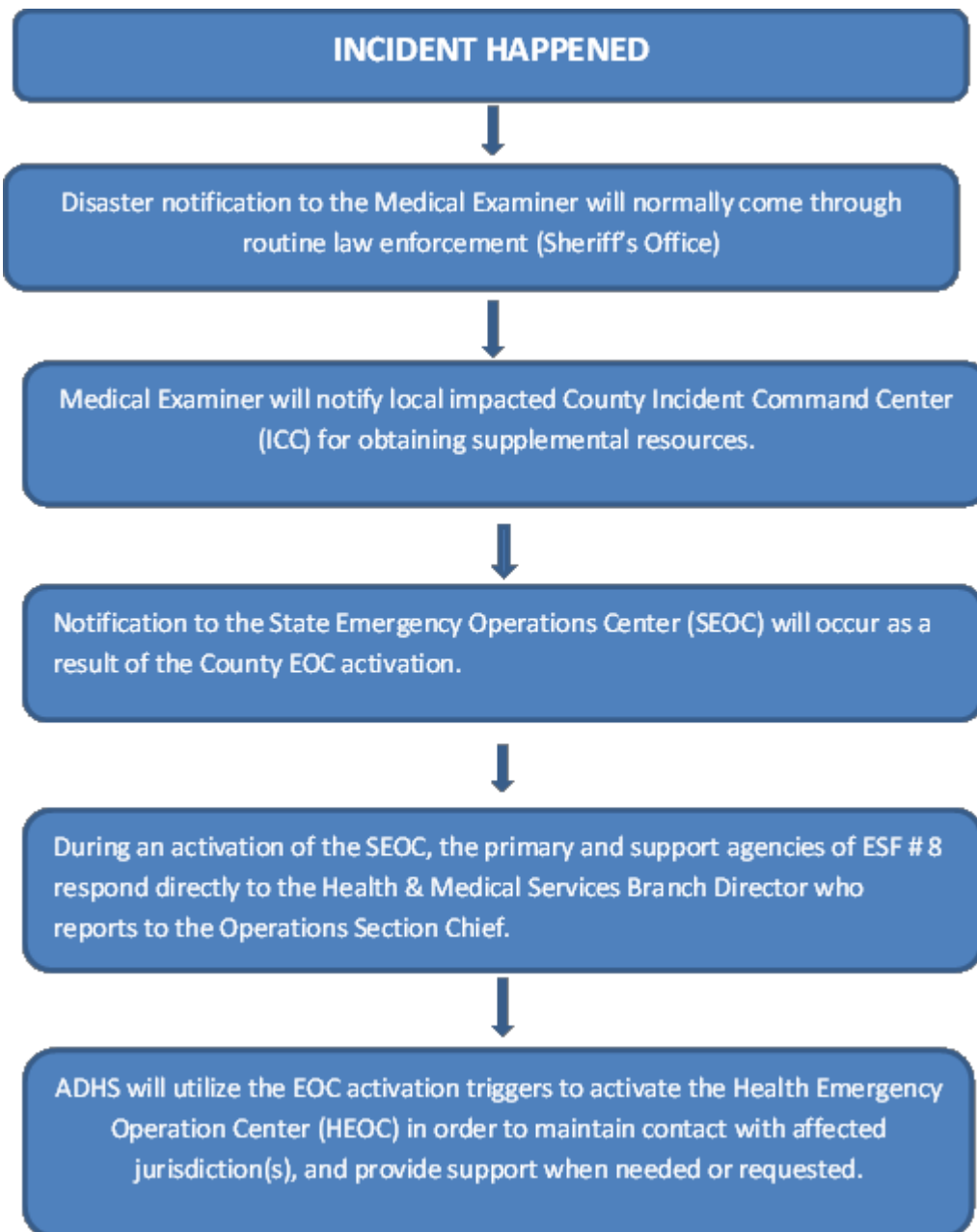
ADHS will then utilize the HEOC –SOP “Activation Triggers” to activate the Health Emergency Operation Center (HEOC), fully, partially or virtually, in order to maintain contact with affected jurisdiction(s), and provide support when needed or requested.

B. Volunteer Management

- ADHS maintains Emergency System for Advance Registration of Volunteer Health Professional (ESAR-VHP) database which includes volunteers profile, credentials and certifications if any.

- During a declared emergency, the ESAR-VHP may be activated. ADHS will assist local public health and healthcare facilities in volunteer deployment process. ADHS will also provide compensation for their time.
- The requesting entity (Hospital, Clinic, etc.) or County/Tribal Public Health would initiate the request for volunteers by completing an ESAR-VHP Request Form ([Appendix C: State Health Volunteer Request Form](#)).
- The request would then be routed through the County Office of Emergency Management, to the State Emergency Operations Center (SEOC), then over to the Health Emergency Operations Center (HEOC). ([Appendix B](#))
- The ESAR-VHP coordinator would then query the system for volunteers to fill the need.
- Upon management approval, the selected volunteers would be contacted en-masse to determine their availability to deploy, based on the circumstances described in the request form. The final roster of available volunteers would be contacted to inform them of deployment, and the roster would be provided to the original requesting entity.

C. MFI Notification Protocol



VII. Administration, Finance, and Logistics

A. Continuity of Operations (COOP)

- ADHS will activate the agency's Continuity of Operation Plan (COOP) when needed.
- ADHS- Vital Records and DBHS² may activate COOP if the incident is progressing over a longer time period
- ADHS- ESAR-VHP will be activated to supplement personnel needs during a MFI Operation.

B. Expenditures and Record Keeping

During declared emergencies, impacted jurisdiction(s) and other responding agencies are responsible for maintaining records of all expenditures incurred during response operations for possible federal reimbursement.

ADHS manages expenditure of funds to provide reasonable accountability and justification for federal reimbursement in accordance with established guidelines.

During emergencies, ADHS-PHEP Finance works with counties, tribes, hospitals and clinics to ensure the best use of funds for the CDC and HPP Grants by keeping detailed records of all expenditures, for example:

- Creating reports for facilitation of spending.
- Developing contracts for government to government and government to vendor.
- Managing the budgeting and implementation of funds through contracts, purchase orders, and forecasting monthly reports to management.
- Working with staff to develop better, faster, easier reporting systems and turn-around time.

VIII. Plan Development and Maintenance

A. Development

This plan is based on certain assumptions, and the existence of specific resources and capabilities may be subject to change.

B. Maintenance

² The ADHS-DBHS will be going under the Arizona Healthcare Cost Containment System (AHCCCS) in 2016. At that point, ADHS will coordinate with AHCCCS for COOP plan.

ADHS will review and update this plan and supporting documents annually or as needed. Revisions will reflect changes in statutes, rules and regulations, implementation procedures, improved capabilities, and correction of gaps identified in exercises and actual incidents.

IX. Authorities and References

Nothing in this document should interfere with, or take, the authority of the local Medical Examiner in carrying out their duties and responsibilities during a mass fatality incidence.

A. Federal

- 1) Aviation Disaster Family Assistance Act of 1996
- 2) Foreign Air Carrier Family Support Act of 1997
- 3) Rail Passenger Disaster Family Assistance Act of 2008
- 4) National Response Framework (NRF), Emergency Support Function 8 (ESF-8)

B. State

- 1) ARS §-Title 32 (Professions and Occupations), Chapter 12 Funeral Directors and Embalmers), Article 1 (Board of Funeral Directors and Embalmers)
<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=32>
- 2) ARS §-Title 32 (Professions and Occupations), Chapter 20 (Real Estate), Article 6 (Organization and Regulation of Cemeteries) <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=32>
- 3) ARS §-Title 36 (Public Health & Safety), Chapter 3 (Vital Records and Public Health Statistics), Article 3 (Death Registration and Birth Registration Certificate Requirements)
<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=36>
- 4) ARS §-Title 36 (Public Health & Safety), Chapter 7- 36-803 thru 36-808 (Disposition of Human Bodies) <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=36>
- 5) Arizona State Emergency Response and Recovery Plan (SERRP)
 - ESF #8 – Public Health Appendix
 - Emergency Support Function Incident Annexes
 - ❖ Catastrophic Mass Fatalities CAT-1
 - Mass Fatalities Coordination Appendix CAT-MF-1
 - Mass Casualties Coordination Appendix CAT-MC-1

C. Local

- 1) ARS §-Title 11 (Counties), Chapter 3 (County Officers), Article 12 (County Medical Examiner),
<http://www.azleg.gov/arizonarevisedstatutes.asp?title=11>

D. HIPAA

The HIPAA Privacy Rule that restricts disclosure of patient information is not suspended during emergency response because of a MFI. However, the Secretary of HHS may waive certain

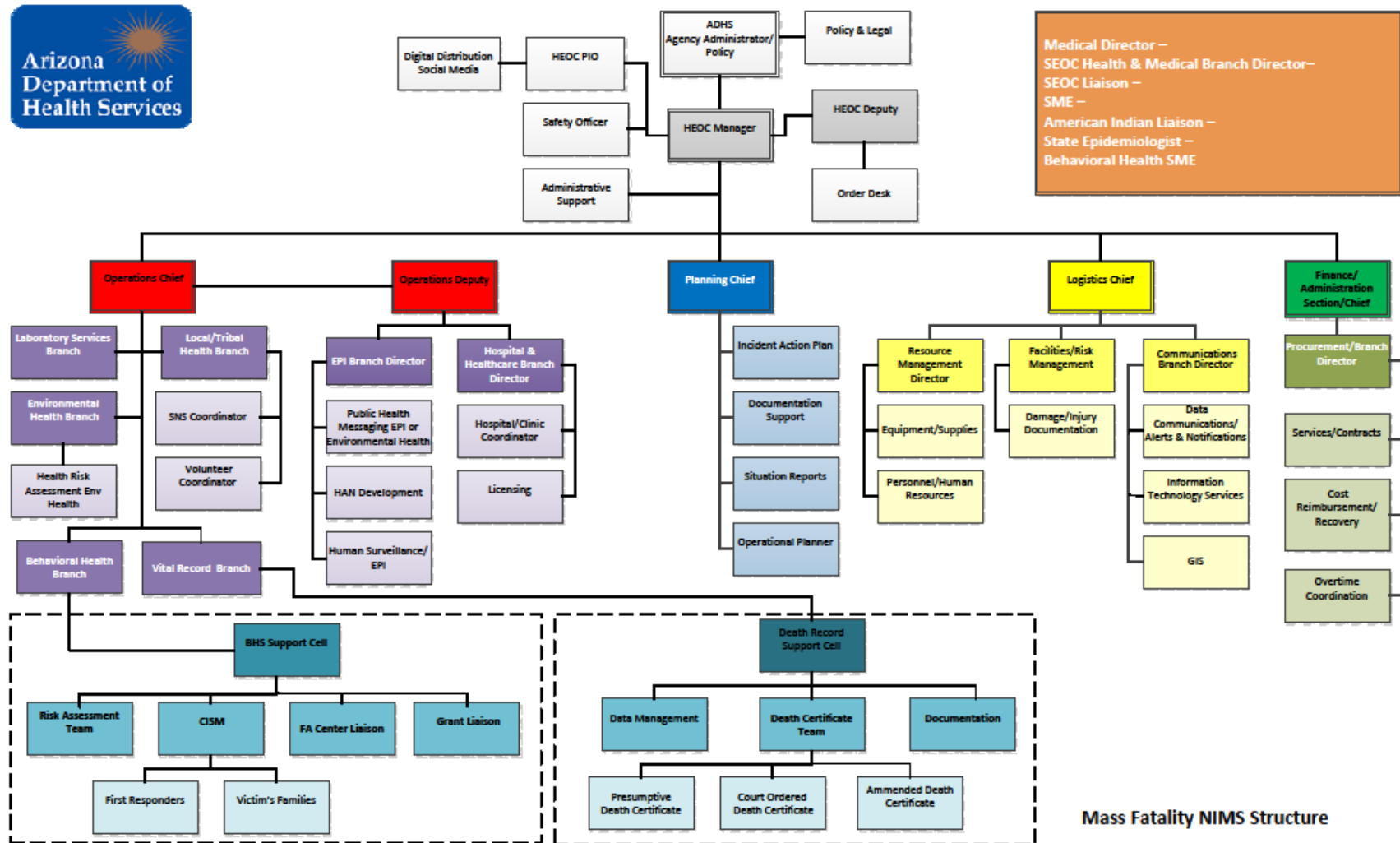
provisions of the Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

Regardless of the activation of an emergency waiver, the HIPAA Privacy Rule permits disclosures for treatment purposes and certain disclosures to disaster relief organizations. For instance, the Privacy Rule allows covered entities to share patient information with the American Red Cross so it can notify family members of the patient's location. See 45 CFR 164.510(b)(4).

US Department of Health and Human Services:

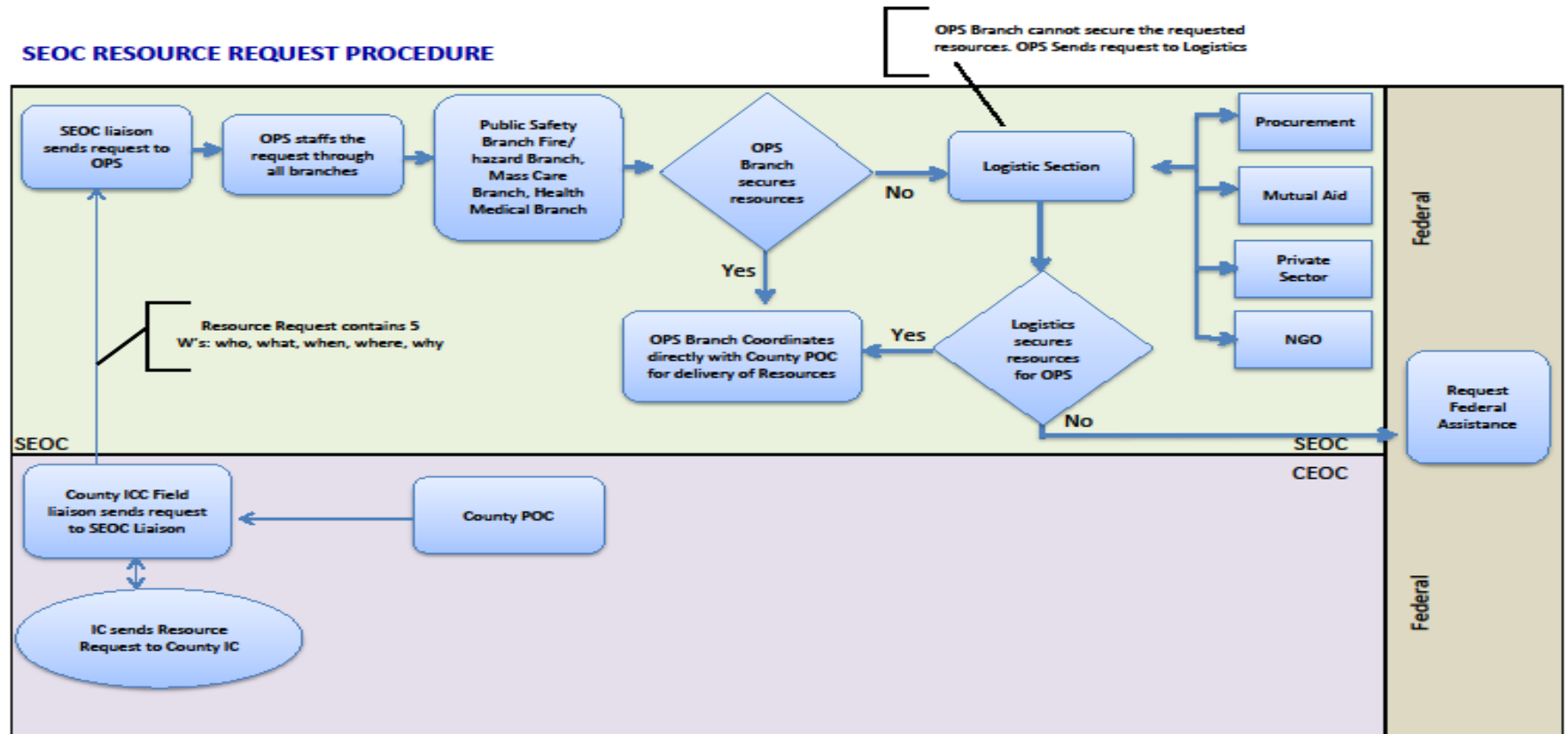
http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations/1068.html

Appendix A: ADHS PHIMS Template for MFI




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Appendix B: SEOC Resource Request Process



Double-click image to open PDF

Appendix C: Volunteer Request Form



Form Version: ADHS 12-4-13

ESAR-VHP Information:
www.azdhs.gov/volunteer
www.phe.gov/esarvhp


State Health Volunteer Request Form

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Personnel (e.g. health volunteers, public health technical assistance, ESAR-VHP activation)

Liability Note: State and/or local sponsored liability and workers compensation coverage is available to selected volunteers deemed agents of the state serving approved and authorized missions during a declared emergency. In the absence a State/County emergency volunteers may be eligible for coverage by the requesting entity.

Protocol: This request is submitted upon a declared local/state emergency in which the need for public health assets exceeds local resources/capabilities. County/Tribal Public Health in coordination with local Emergency Management will submit this form to the state emergency operation center (SEOC) for approval. The SEOC will assign a state resource order tracking number fulfilling the request through the SEOC Health/Medical Branch (e.g. ADHS HEOC). A request should represent the sum of public health resources for the entire jurisdiction. **Complete this form to the extent possible and applicable.** The request process may include a preliminary technical assistance conference call from ADHS HEOC for additional information.



Request #

Incident Name: Date:

REQUESTER

Requester Name: Title:

Requesting Entity: State:

24hr Contact #/Radio: Email:

FORM ROUTING

SEOC Order Number: HEOC Mission Number:

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County/Tribal Public Health

Approved by: Date: Time:

County Office of Emergency Management

Approved by: Date: Time:

State Emergency Operations Center

Approved by: Date: Time:

State Public Health

Approved by: Date: Time:

EVENT

Destination Type: Contact Name:

Check-In Location: Contact Phone:

Address: Arrival Date:

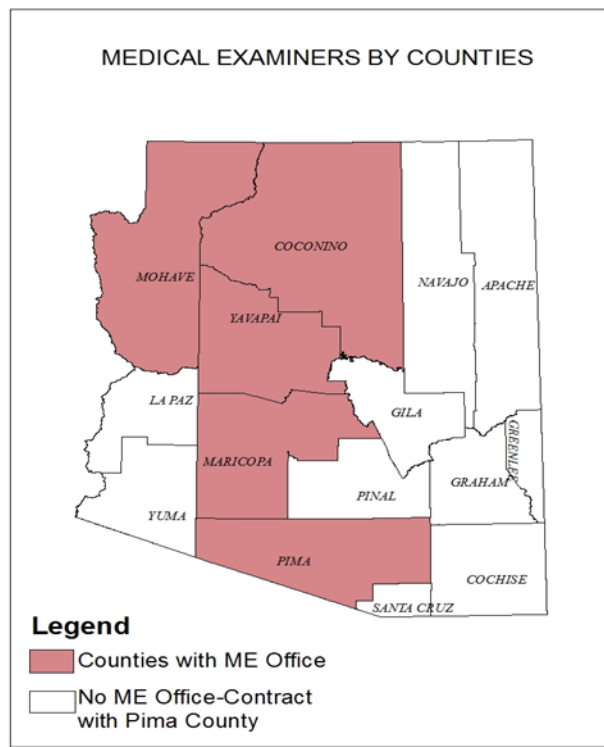
City/State/Tribe: Zip Code: Arrival Time:

☐ Volunteer Reception Center? ☐ Care and Feeding Plan? ☐ Transportation Plan? End Date:

Emergency Declared:

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Appendix D: Medical Examiner Information



FACTS:

- Arizona has no State Medical Examiner (ME)
- Medical Examiner (ME) is the person responsible for investigation, recovery and body disposition or release within their respective jurisdiction.
- There are five ME Offices in Arizona located in Maricopa, Mohave, Pima, Yavapai and Coconino counties. Pima County-Medical Examiner Office contracts with 10 smaller counties.

MEDICAL EXAMINERS ARE:

- Physician licensed by Arizona Medical Board
- Trained and experienced in pathology, toxicology, histology, and other medico-legal science
- Forensic pathologist who performs or directs the conduct of death investigations.
- Direct a death investigation, and determine whether an external examination or autopsy is required.

MEDICAL EXAMINER GENERALLY INVESTIGATES DEATHS:

- All unnatural and suspicious deaths
- Death of a child
- Death of a prisoner
- Suicide or suspected suicide
- When a person is found dead and the circumstances of death are not known
- When attending physician cannot certify the cause of death